

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90067 006 \*\*\*150.00

**DOCUMENT # P02000036615**

1. Entity Name  
**SUPERIOR ENGRAVING, INC.**



Principal Place of Business  
**1481 COLD SPRINGS COURT  
WELLINGTON, FL 33414**

Mailing Address  
**1481 COLD SPRINGS COURT  
WELLINGTON, FL 33414**

2. Principal Place of Business  
**2637 SANDY LOAM CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**2637 SANDY LOAM CT**  
Suite, Apt. #, etc.

City & State  
**SEBRING FL**

City & State  
**SEBRING FL**

Zip  
**33875**

Country  
**HIGHLANDS**

Zip  
**33875**

Country  
**HIGHLANDS**

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0661889**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DE ROSE, RICHARD J  
1481 COLD SPRINGS COURT  
WELLINGTON, FL 33414**

**7. Name and Address of New Registered Agent**

Name  
**RICHARD J. DE ROSE**

Street Address (P.O. Box Number is Not Acceptable)

**2637 SANDY LOAM CT**

City  
**SEBRING**

**FL**

Zip Code  
**33875**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD J. DE ROSE**

Signature, typed or printed name of registered agent and title if applicable.

*Richard J. De Rose*

(NOTE: Registered agent signature required when reinstating)

**4-26-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
DEROSE, RICHARD J  
1481 COLD SPRINGS COURT  
WELLINGTON, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
DEROSE, JANICE H  
1481 COLD SPRINGS COURT  
WELLINGTON, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
DE ROSE, RICHARD J  
2637 SANDY LOAM CT  
SEBRING FL 33875** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
DE ROSE, JANICE H  
2637 SANDY LOAM CT  
SEBRING FL 33875** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Richard J. De Rose* **RICHARD J. DE ROSE** **4-26-05** **561-373-3019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #